MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/520818	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	l		l			
2		l		l		
3		l		l		
4		l		l		
5		l		l		
6						
(7)	l		l			
8		l		l		
9		l		l		
10		l		l		
11		l		l		
12		l		l		
13		l		l		
14		l		l		
15		l		l		
(16)	l		l			
17						
18		l		l		
19		l		l		
20		l		l		
21		l		l		
22		l		l		
23		l		l		
24		l		l		
(25)	l		l			
26		l		l		
27		l		l		
28		l		l		
29		l		l		
30		l		l		
31		l		l		
32		l		l		
(33)	l		l			
34		l				
35		l				
36		l				
37		l				
38		l		l		
39		l		l		
(40)	l		l			
41		l		l		
42		l		l		
(43)	l		l			
44		l		l		
45		l				
(46)	l		l			
47		l				
48						
49						
50						
TOTAL IND.	8		8			
TOTAL DEP.	39		39			
TOTAL CLAIMS	47		47			

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
54							
55							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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